

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

### For Office Use Only:

Well #: S 152

Aquifer: \_\_\_\_\_

E-Log #: \_\_\_\_\_

County: Bullock  
Permit #: GW-4684Z  
Driller: Timothy Peacock  
Date drilling completed: 4/19/13

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Gulfview Earth Venture</u>	Latitude: <u>33-42-49</u> Longitude: <u>91-01-00</u>
Mailing Address: <u>2347 Southwood Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Jackson</u> MS <u>39211</u>	<u>30R 1/4 18R 1/4, Sec 17 T 22N R 08W</u>
City State Zip Code	<u>6</u> Miles <u>N</u> of <u>Beritz</u>
Telephone No. <u>(601) 506-5531</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>4/19/13</u> Date drilling completed: <u>4/19/13</u> Hole depth: <u>120'</u> Hole diameter: <u>28"</u>
Location of the source of any surface water used for drilling: <u>ditch 1/2 mile north of road well</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Chlorinated in tank</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (circle all applicable): Home Industrial Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>35'</u> feet [above or (below) land surface] (circle one) Date measured: <u>4/19/13</u>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe) _____
Well depth: <u>120'</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>80'</u> feet Casing diameter: <u>16"</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40'</u> feet Screen diameter: <u>16"</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>50"</u> inches Setting depth: From <u>80'</u> feet to <u>120'</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet

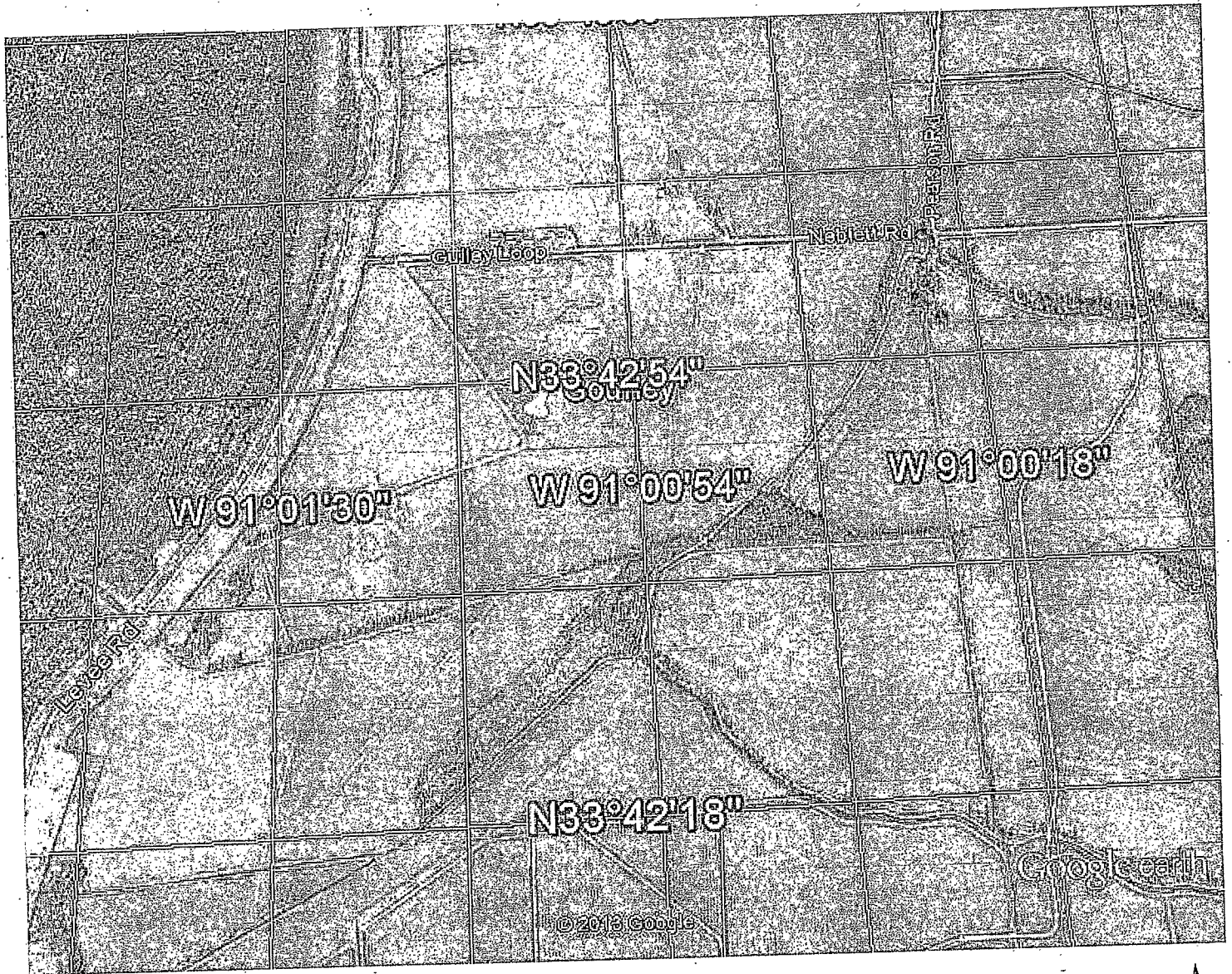
*If telescoped or more than one screen, describe on next page*

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BY: OLV/R





Google earth

feet  
km



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MAY 20 2013

BY: OLWR

where is actual pump data?

### STATE WELL REPORT

#### Part 2

**Pump Installer's Completion Report**  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

County:                       
 Permit #:                       
 Driller:                       
 Date completed:                       
*Copy information from block on Part 1*

**For Office Use Only:**  
 Well #:                       
 Aquifer:                     

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>                    </u>	Latitude: <u>                    </u> Longitude: <u>                    </u>
Mailing Address: <u>                    </u>	Method of Lat/Long (check one): Conventional Survey <u>      </u> , USGS quad <u>          </u> , Hand-held GPS <u>          </u> , Survey-grade GPS <u>          </u>
City <u>                    </u> State <u>          </u> Zip Code <u>          </u>	<u>          </u> 1/4 <u>          </u> 1/4, Sec <u>          </u> T <u>          </u> R <u>          </u>
Telephone No. <u>(601) 506-5531</u>	<u>          </u> Miles <u>          </u> of <u>          </u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):                       
 Date Pump Installed: 4/1/13 Rated Pump Capacity:                      Gallons Per Minute  
 Is This Pump (circle one): New Repaired Replacement

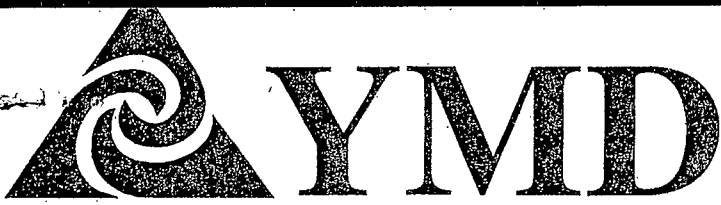
**Power Type (circle one)**  
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):                       
 Horse Power Rating of Motor:                      Setting Depth:                      feet Number of Stages:                     

**Pump Test Data for Non Flowing Well**  
 Date Well Tested:                      Duration of Pump Test (minimum 4 hours):                      hours  
 Static Water Level (A):                      Feet Below Land Surface Pumping Water Level (B):                      Feet Below Land Surface  
 Drawdown [(B) - (A)]:                      Feet Below Land Surface Test Pumping Rate:                      Gallons Per Minute  
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):                     

**Pump Test Data for Flowing Well**  
 Measured shut in head:                      feet.  
 Well yielded                      GPM with a drawdown of                      feet after                      hours of pumping

**Meter Installation**  
 Meter Manufacturer:                      Meter Serial Number:                       
 Meter Model Number/Name:                      Type of Meter:                       
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):                       
 Installation Date:                      Meter installed by:                       
 Is This Meter (circle one): New Repaired Replacement  
*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Tommy Peacock #3409 5-7-13 Tommy Peacock  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer  
 Form: OLWR-SWR-1B (4/13)



Executive Director  
P. O. Box 129  
Stoneville, MS 38776  
Tel.: (662) 686-7712  
Fax: (662) 686-9078  
www.ymd.org

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## Yazoo Mississippi Delta Joint Water Management District

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**December 3, 2012**

**Gourlay Joint Venture  
2347 Southwood Road  
Jackson MS 39211**

**RE: Well Construction / Authorization to drill**

**Permit No: GW-46842**

Dear **Gourlay Joint Venture**,

This authorization letter is for the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed.

**Location: IR1/4 of the IR1/4 Section 17 Township 22N Range 08W County Bolivar  
Latitude: 33 42 49 Longitude: 91 01 00**

A copy of this notice or a water use permit **must** be attached to the State Well Report submitted by your driller. This report is a requirement of the State Well Drillers Regulation. A copy of this report **must** be mail or faxed to YMD Joint Water Management District.

All applications must meet the **Mississippi Department of Environmental Quality** rules and regulations. If no adverse comments are received the application will be presented to the Mississippi Department of Environmental Quality State Permit Board for approval.

If you have any questions please call YMD at 662/686-7712.

Sincerely,

Dillard Melton Jr.  
Permitting Director

**RECEIVED**

**MAY 20 2013**

**BY: OLWR**